

DISCUSSION OF EWALD W. BUSSE'S  
PAPER "THE EARLY DETECTION  
OF AGING" \*

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WE HAVE dealt with persons who have already retired into old age homes or are in other institutions because of illness and impairment. We have attempted to define the factors that are predictive of illness and impairment with aging and to discover what physical, mental, or social characteristics of the aged are predictive of decline and death.

As Ewald W. Busse has shown, physical capacities and the ability to perform decline with chronological age but not uniformly in all persons. Nor do all of the various systems for perception and performance decline uniformly within the same individual. Thus, although aging occurs in all persons with the passage of years, chronological age per se cannot be relied upon as an index of any individual's capacity. We, too, find that the extent of deterioration and the rate with which it occurs generally reflect the status of the individual in earlier years. Where the earlier status was good, the final functional status is also good; where it has been poor or bad, there is generally an earlier and more rapid decline.

We find that socioeconomic factors appear to play a predominant role in determining the status of the aging individual. His educational level and the social and economic status he has attained are very closely related to the maintenance of his morale and his ability to sustain himself as he grows older. These, in turn, appear to influence the extent of his physical decline much more than the mere passage of years.

Our studies demonstrate that persons who retain a youthful, vigorous, problem-solving view of life tend to be better adjusted in an institution than those who accept old age as a time of diminished re-

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sources, of diminished agility, or relatively stereotyped behavior and, above all, as a time in which protection is needed.

We have also noted that persons complain less when they retain a self-assertive, problem-solving approach to life; they tend to be less hypochondriacal. Even when they become ill, such persons seem to have fewer complaints and tend to be less depressed by their physical illness. In contrast, nonassertive, more passive persons who tend to give up more easily complain more and are usually less well adjusted in other ways as well.

Our studies have also shown that persons who retire to circumstances similar to those in which they have lived and worked tend to have less anxiety and to be better adjusted than those who make a change in the type of home or area in which they live. For example, persons who are used to apartment living in a crowded city may not be idyllically happy in a bungalow on some semitropical shore. In general, aged people in our society get along better in a home atmosphere than in hospital or institutional surroundings.

With the shrinking resources seen so commonly among the aging, with loss of social and economic independence, there tends to be a decline in physical health and emotional well-being. As they descend the scale of economic self-sufficiency, from earned wages to an earned pension and social security benefits, to retirement income, to help from the community through the care for the aged and old-age assistance programs, or help from family or friends, they manifest progressive impairment of their physical health and of their emotional well-being.

It would almost seem as though we had created an optical illusion such as might be produced by standing between two parallel mirrors. The very terms in which we describe successful aging represent in themselves factors that make for their presence in the sense of postponing the deterioration that comes with advancing years. Deficiencies in these factors tend to amplify the deterioration, causing a more rapid decline. Finally, of these, socioeconomic status seems to be not only a most important measure of adjustment but also a most important determinant of just how well an aging person will get along.